



PATENT
Docket No. 482842000300

CERTIFICATE OF HAND CARRY

I hereby certify that this correspondence is being hand carried to: Commissioner for Patents, Alexandria, VA 22313-1450, on August 20, 2004.

Nadine E. Johnson
Nadine E. Johnson

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

Muneo TOKITA *et al.*

Serial No.: 09/806,344

Filing Date: July 6, 2001

For: SAMPLE INGREDIENT ANALYZING
SYSTEM, AND SENSOR CHIP AND
SENSOR PACK USED IN THE
SYSTEM

Examiner: Brian J. Sines

Group Art Unit: 1743

AMENDMENT UNDER 37 CFR 1.116

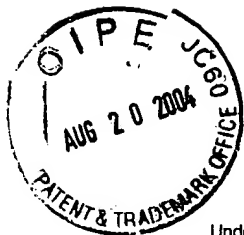
Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Action mailed May 20, 2004, please amend this application as follows:

The listing of claims begins on page 2.

The Remarks begin on page 10.



AFI 1743
JFW

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
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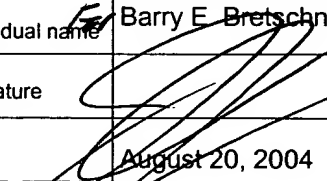
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/806,344	
	Filing Date	July 6, 2001	
	First Named Inventor	Muneo TOKITA et al.	
	Art Unit	1743	
	Examiner Name	Brian J. Sines	
Total Number of Pages in This Submission	1	Attorney Docket Number	482842000300

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Date	August 20, 2004